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Bib Data Sheet

|                             |  |              |                        |                                       |
|-----------------------------|--|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER<br>10/732,722 | FILING OR 371(c)<br>DATE<br>12/10/2003<br>RULE | CLASS<br>710 | GROUP ART UNIT<br>2111 | ATTORNEY<br>DOCKET NO.<br>200207091-1 |
|-----------------------------|--|--------------|------------------------|---------------------------------------|

## APPLICANTS

Bill Eaton, Vancouver, WA;

## \*\* CONTINUING DATA \*\*\*\*\*

NONE BYM

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None BYM

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/15/2004

|                                 |   |                        |                        |                    |                         |
|---------------------------------|---|------------------------|------------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR COUNTRY<br>WA | SHEETS<br>DRAWING<br>7 | TOTAL CLAIMS<br>48 | INDEPENDENT CLAIMS<br>5 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>allowance | Initials BYM           |                        |                    |                         |

Verified and  
Acknowledged

Examiner's Signature

BYM

Initials

## ADDRESS

22879

## TITLE

Multiple integrated circuit control

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1446 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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